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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* None, TL

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None, TL

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <u>He</u> Initials <u>TL</u>		3	17	2

**ADDRESS**

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**TITLE**

Adaptor for reducing EMI

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